

Meeting Notice

Date:	/	/	

Student Name:							Birthdate:/			/
		Last	Fii	rst		M.I.				
arent/Studer	nt Name: _									
Street /	Address: _									
City/State/Z	'ip Code: _									
ou are invite	ed to atten	d a meeting to discu	ss the educati	ional	program for					
							Student			
ate:/_	/	Time:	Loca	ation	:					
rogram. We value	will be see	eview student needs, p king your ideas and in you. If you need a trai meeting, please conta	formation regar	rding	your child's e	ducational	program. Yo	ou are	welcor	me to
	Name		Position		Ph	one		E-ma	il	
☐ Individua ☐ Evaluatio ☐ Eligibility	alized Educ on Informa / for Specia	ily Service Plan (IFSP cation Program (IEP) tion al Education Services	,		Reevaluation Transition Pla Extended Sci Exiting Speci Other:	anning hool Year S al Educatio	on Services			
he following	∣ individua	Is have been reques	ted to attend the	his n	neeting:					
			Parent	_						
			Parent	_						
			LEA Rep	_						
		Reg	g Ed Tchr	_						
		S	p Ed Tchr							
			Student	_						
		or AEA has requested t	See the attac		page.		attending this	meet	ing.	
		or AEA has requested t	hat one or more See the attac		page.	used from a	attending	this	this meeti	this meeting.

Copies: School, AEA, Parent(s)